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AUTHOR Kolberg, Jeanette

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ABSTRACT

This document presents guidelines for evaluation of early childhood special education programs in North Dakota. Following an introduction, a section considers six general program goals including the significance of families, the need for developmentally appropriate and individually appropriate practice, preference for service delivery in community-based inclusive settings, collaborative teams, coordinated delivery of services, and the importance of culturally competent professional actions. The following sections offer guidelines on evaluating programs for family involvement, effective Child Find activities, effective programs and service delivery models, effectively integrated programs and environments, effective and safe physical environments, and effective administration including personnel and interagency collaboration. Appended are several survey forms that examine the perceptions of the early childhood programs of preschool staff, principals, general education teachers, and parents. (DB)

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EARLY CHILDHOOD SPECIAL EDUCATION FOR CHILDREN WITH DISABILITIES, AGES THREE THROUGH FIVE: PROGRAM EVALUATION

Prepared By

Office of Special Education, North Dakota Department of Public Instruction
Jeanette Kolberg, Section 619 Coordinator

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INTRODUCTION

It is important that special education units and school districts providing services to young children with disabilities in North Dakota consider the strengths and weaknesses of their program. Through a local self-assessment process, Early Childhood Special Education (ECSE) programs can identify areas that may be improved, collect data for decision making, and set goals. The self-assessment process can be useful in providing specific feedback to staff and administration. Feedback can serve to reinforce personnel and promote the effectiveness of the program. The self-assessment process is intended to be internal and oriented to self-improvement. The process looks at programs in a functional and objective manner.

During the 1998–1999 School Year the North Dakota Department of Public Instruction, Office of Special Education, initiated a revised local monitoring process in the state. A major influence on the redesign of special education monitoring was reflected in the continuous improvement model of monitoring adopted by the U.S. Department of Education Office of Special Education (OSEP) in 1998. The continuous improvement model emphasizes self-assessment, compliance and improvement based on performance measures. The OSEP model is a results-focused, data-driven approach to continuous improvement in order to achieve strong results for all children in North Dakota.

Goals of the revised monitoring system include a move from an "event" to a meaningful and continuous process that

focuses on student results. Procedural compliance is tied to overall school improvement efforts and school districts develop more ownership in the assessment, implementation, and evaluation of their programs. Characteristics of the revised monitoring system include a stronger and more diverse consumer input component. One of the major components of the local monitoring process is the self-assessment completed by a local review team made up of a variety of stakeholders. Parent and family involvement in the local monitoring process is a critical aspect and adds a consumer-based focus that brings credibility to continuous improvement monitoring.

As a major component of the beginning stages of the overall continuum of the education process, early childhood special education programs must be thoroughly and carefully evaluated. The significant shift to program improvement planning will provide a greater emphasis on accountability and ensuring delivery of quality services for young children. It is assumed that early childhood special education programs will be included in the formal local monitoring process conducted within the special education unit. It would be highly beneficial, however, for ECSE programs to consider participation in ongoing local self-assessment processes for the purpose of program improvement planning by utilizing the suggestions and self reporting forms included in this

chapter. The remainder of this chapter will describe effective aspects of quality early childhood special education programs that will set improvement standards for ECSE services in local units.

General Program Goals

Disabilities can interfere with a young child's ability to engage in important daily experiences that foster skill acquisition, and may result in increased delays and the development of secondary conditions. Research confirms that early education programs can reduce these difficulties by bringing experiences to children that otherwise might be missed, and by providing the special training to help children progress through a normal developmental process. Early intervention programs do make a difference in the developmental status of young children and can reduce the need for later, more intensive special education services.

Early Childhood Special Education (ECSE) programs exhibit general program goals as well as individual goals for the children participating in the programs. Although children's individual goals take precedence, some general goals apply to nearly all young children with disabilities. The following general goals of all early education programs for young children with disabilities have been identified:

- To facilitate children's development;
- To support the achievement of family goals;
- To promote active engagement in learning, independent functioning, and mastery of their environment;
- To advance children's social development;
- To increase children's generalized application of skills;
- To prepare children for participation in their community; and
- To prevent the emergence of additional problems or disabilities.

Early childhood is recognized as a unique phase in children's development. Quality ECSE programs reflect the following six dimensions.

1. **Significance of families.** Traditionally, special education programs for older children focus intervention efforts upon the child. Early education recognizes the influence of the family upon the child's development and the necessity of forming partnerships with the family in order to provide effective intervention services for young children with disabilities.
2. **Role of developmentally appropriate and individually appropriate practice.** Individualizing of education for children with disabilities is a fundamental premise of special education and is legally mandated in federal legislation. In addition, early childhood special education identifies the need for intervention experiences that reflect the developmental level of the child.
3. **Preference for service delivery in community-based inclusive settings.** Early intervention services should be provided in the child's natural environment. For young children with disabilities this may be the child's home, a community-based early childhood center, or other community settings in which

children without disabilities participate.

4. **Collaborative teams.** Collaboration in early childhood special education is required in two areas. Professionals must work in cooperation with each other to ensure continuity and effectiveness of the intervention services. Parents and professionals must collaborate to ensure effective identification and implementation of program goals.
5. **Coordinated delivery of services.** A variety of professionals may be necessary to meet the needs of young children with disabilities. Interagency collaboration reduces the possibility of duplication of services and facilitates continuity in the services received by children and their families.
6. **Importance of culturally competent professional actions.** Increased diversity is present in today's early education programs. Cultural appropriateness must be a primary consideration in determining appropriate assessment and experiences for children with disabilities. (Adapted from Iowa Early Childhood Special Education Handbook, 1997.)

Quality Early Childhood Special Education programs should:

- Provide a well-defined program model and philosophy with staff commitment to the approach being implemented.
- Provide high adult-to-child ratio (i.e. one adult to 4 or 5 children).
- Provide extensive and cooperative planning for instruction.
- Provide high level of family involvement.
- Offer support services to families.
- Provide interdisciplinary involvement and interagency coordination.
- Identify children with disabilities as early as possible.
- Provide a team approach with identified team operating procedures and specifically identified roles of individual team members.
- Maintain certified and highly trained staff with experience in early childhood special education.
- Serve children with disabilities in an educational setting that is least restrictive to his/her early life and yet provides adequately for the child's educational needs.
- Provide individualized instructional objectives with continuous evaluation and revision when necessary.
- Provide a curriculum that is both developmentally sound and individualized.
- Provide instruction that is based on functional skills, activities and materials.
- Provide strong emphasis on language development.
- Provide positive reinforcement and effective use of principles of behavior management, task analysis and modeling.
- Provide a staff development program that is based on program and staff needs.
- Provide continuos program evaluation.

Effective Family Involvement

Legal mandates have clearly established that families must play a fundamental role in the education of young children in early childhood special education programs. Parents are to assume an active role in their child's

educational program. Parent involvement includes written consent for an evaluation of their child's entitlement to special education services, participation in the development of the child's Individualized Education Program/ Individual Family Service Plan (IEP/IFSP), and formal agreement to the finalized IEP/IFSP. Partnerships between families and educators enable both parties to make more effective decisions about the child's education.

In early childhood special education, emphasis is placed on the active participation of parents. Individuals with Disabilities Education Act (IDEA), Part C requires that ECSE services to children from birth to age three must maintain a family-centered focus. The language in this law changed from "parent involvement" to "family involvement" in recognition that no family member functions in isolation from other family members. The language and intent of this law has further emphasized the role of the family as the most important component of the team within the early intervention system. Service providers working with children with disabilities age three through five will undoubtedly observe many benefits to children by continuing this family-centered focus beyond age three. In the spirit of the law, parents are viewed as dynamic decision makers and resources in building programs and systems that meet the needs of children and families.

In order for family involvement to occur, there must be a commitment on the part of the administrators and teachers of ECSE programs to involve families. Just as children with disabilities have individual needs, so do their families. A program designed for family involvement in the special education of young children must consider the wide range of families' abilities and interests. Some possibilities include home visits, counseling, parent education groups, parent support groups, and parent advisory groups.

Family members should be allowed opportunities to visit the child's program while it is in session. With planning and preparation, a family member's visit to the classroom can be a positive experience for the family member, the teacher, and the child. Family members who are given appropriate training may serve as volunteers in the classroom setting. Workshops about specific disabilities, child development, adaptive equipment and other topics may be of interest to some families of young children with disabilities. Efforts made to involve family members could include sending special invitations and offering assistance with child care and travel expenses when possible. Communication with families can be facilitated by a newsletter. A variety of information about activities for young children can be distributed in other formats. Many booklets and newsletters can be obtained through advocacy organizations and agencies.

Effective Child Find Activities

Child Find is the process of locating and identifying persons from birth to age 21 who have disabling conditions and are in need of special education services. For the purposes of this document, activities related to children ages three through five will be discussed. Child Find programs have two primary responsibilities. One responsibility is the planning and conducting of public

awareness campaigns to inform and educate community members concerning children's right to a free, appropriate, public education. The second responsibility of Child Find programs is to generate referrals, when appropriate, which follow the special education process through assessment and provision of services when needed. As discussed previously, early identification of children with disabilities facilitates early intervention, which in turn assists in the remediation of developmental delays and may lessen the impact of the disability.

An active Child Find program consists of:

- Contact with other agencies. Coordination with other state and community agencies that provide services to "at-risk" developmentally delayed children, and children with disabilities.

- Contact with pediatricians and/or physicians, and other health professionals. Local health professionals are an important referral source and may have established the closest professional relationship with the family of a child with special needs. It is important that these professionals are familiar with referral and identification procedures.

- Information for the general public. Public awareness campaigns must be designed to inform local communities of services that are provided for young children with disabilities. Awareness can be created through local newspapers and shopper's guides, public service announcements, posters placed in the community, and brochures and awareness information.

Effective Programs and Service Delivery Models

General program goals for effective Early Childhood Special Education programs were discussed earlier in this chapter. In addition to these goals, appropriate environments and service delivery models for young children with disabilities must be carefully considered and discussed throughout the special education process.

Young children who qualify for special education are entitled to a free, appropriate, public education (FAPE). Legislation also requires that young children who are eligible for special education and related services must be served to the maximum extent appropriate with children who do not require special education in the least restrictive environment (LRE). The LRE for young children with disabilities is the natural home or community settings in which young children without disabilities participate. Appropriate service delivery options available for young children with disabilities may be dependent on the service delivery systems and resources within their community.

The Council for Exceptional Children's Division for Early Childhood (DEC) has identified recommended practice indicators for early education service delivery models. These practices should be employed by all instructional programs regardless of the settings of the service delivery system.

DEC Recommended Practices for Service Delivery Models

- Program staff coordinate early intervention services with all other modes of service delivery available to and needed by the child and family.
- Services include a measure of effectiveness and results should be communicated in a timely fashion to the family.
- The nature of services provided are based upon families' informed selection from an array of viable options.
- The early intervention program frequently monitors delivery of services to ensure that agreed upon procedures and outcomes are achieved in a timely fashion.
- Programs are staffed by personnel who have received competency-based training with children of the age being served.
- Someone in the program or immediately available to the program speaks the family's preferred language.
- Program staff individualize services in response to children's characteristics, preferences, interests, abilities and health status.
- Staff monitor interventions frequently, and make changes in programming as needed.
- Staff employ a variety of strategies and interventions to address individual child and family needs.
- Staff design services to allay children's fears and anxieties regarding separation, medical intervention, and other intervention related issues.

All program placement recommendations and service delivery models for children should be based on parent input, appropriate assessment, and observational data. The primary consideration in identifying program options should be the provision of the least restrictive program or service delivery model which will best meet the needs of the children. Increasingly young children eligible for special education services are being educated in regular community-based settings or natural early childhood environments with the necessary support. An effective ECSE program will accept this challenge and provide a variety of program options for meeting the needs of young children with disabilities and developmental delays.

Effectively Integrated Programs and Environments

The following guidelines are intended to assist program developers and staffing teams in their efforts to plan and implement integrated ECSE programs. (Adapted from Iowa Early Childhood Special Education Handbook, 1997.)

- Successful integration should be planned and facilitated by deliberate instructional interventions.

- Programs should include support for parent involvement, including frequent opportunities to visit the ECSE setting and interact with early childhood staff members.

- Families of children with disabilities should be accorded the same opportunities given to parents of normally developing children, with particular emphasis on promoting family choices. Parents of children with special needs should be encouraged to participate in the activities and opportunities offered to all families.

- Parents should be fully involved in planning the IEP/IFSP and provided with frequent progress updates.

- Assessment and data management should be practical for administration and interpretation by early childhood staff members.

- Observation and assessments should consider the skills and behaviors needed for success in integrated settings.

- The instructional program should offer a curriculum based on skills and activities that are age appropriate, developmentally appropriate, and that will improve children's ability to interact in their natural environments.

- Instruction should be designed to meet the needs of the child and to facilitate an increased frequency and quality of interaction. Strategies may include: activity-based instruction, facilitated social interaction; facilitative classroom organization; modification of materials and structure; peer mediated approaches; and social skills training.

- Behavioral strategies should be designed to fit the criteria for a typical group setting. The least intrusive means should be used in a center-based classroom. Excessive behavioral controls may not be appropriate in a community based early childhood center.

- Early childhood settings should offer a stimulating and responsive learning climate, models for appropriate behavior, and capitalize on child initiation to teach useful skills.

- Environments should include the toys, materials, activity areas, schedules, and routines found in high quality preschool/day care programs.

- Observations and team planning should be conducted to design the accommodations and curriculum modifications needed to enable children to be successful in the integrated setting.

- Support services should be provided in the setting that provides opportunities for practice and generalization of skills that will improve the child's

ability to interact in the least restrictive environment.

- Assessment, direct therapy, and consultation should occur in the setting which will enable appropriate personnel, including staff of community based early childhood programs, to be informed and prepared to implement objectives as defined by the IEP/IFSP.

- Individualized interventions, strategies and accommodations are needed to assist children to be as successful as possible in the integrated settings.

- Local teams should "conduct ongoing planning and collaboration between early childhood special education and community based early childhood personnel. Planning should take into consideration common goals and natural diversity among groups of children.

Developmentally and individually appropriate practice provides the foundation for the instructional practices implemented in ECSE programs. The term "developmentally appropriate practice" refers to a set of instructional guidelines for providing services to young children as identified by the National Association for the Education of Young Children. Two dimensions define developmentally appropriate practice: (1) age appropriateness and (2) individual appropriateness. The first dimension entails using knowledge of child development to identify meaningful learning experiences and activities for children. Individual appropriateness refers to the need to consider each child's developmental level, interests, culture, experiences and so forth. The challenge for ECSE service providers is to create chronological age appropriate experiences for young children with disabilities while also maintaining the appropriate individual developmental level.

Best practices for young children with disabilities, as well as young children in general, occur in settings that allow young children to take an active role in their learning through exploration, experimentation and problem solving. Components of instructional settings that are developmentally and individually appropriate include the following characteristics:

Individualization. Federal law requires that each child in ECSE must be evaluated to determine the educational outcomes or objectives to be delineated in the individualized educational plan. Content and specific strategies are geared toward meeting the specific needs of the children in the ECSE program.

Child-initiated activities. The importance of allowing opportunities for children to take the lead in experiences and activities has been well-documented in both general early childhood education and early childhood special education. Much of young children's learning occurs when they direct activities of their own interests.

Active engagement in learning. The level of children's engagement plays a critical role in learning. In ECSE programs, children engage in active,

not passive, learning experiences that provide rich opportunities for exploration, experimentation, problem solving, and utilization of newly acquired knowledge and skills. However, for some young children with disabilities, active engagement does not occur spontaneously and will need to be facilitated by the educator.

Social interaction. The development of social competence is an important focus of ECSE programs. In integrated settings, nondisabled children model participation in complex social interactions. ECSE educators realize that simply placing children in the same setting does not ensure the development of social competence. Some young children with disabilities will need assistance in acquiring competent social skills.

Play. High quality early childhood programs rely on play as an important medium for young children's learning. Play is the natural environment of young children. Teachers in ECSE programs embed instructional opportunities during children's naturally occurring daily routines and play experiences of the child. Practitioners use play to provide opportunities for children to acquire and practice desired goals and outcomes.

No one instructional setting is definitely best for all children and families. The delivery system must be selected by families with assistance from the professionals on the staffing team. The specific needs and characteristics of the child and his/her family determine the most appropriate setting for instruction. When determining the setting most appropriate for services, primary attention must focus on whether or not the delivery system will increase the chances that the child will become able to function more independently.

Effective and Safe Physical Environments

Home-based programs provide services to the child and family in the home setting. Programs provided in the home emphasize both children and parents. Home-based programs recognize the importance of a family-centered approach in successful early education. The underlying philosophy is that the parent is the child's first and best teacher. Respecting the goals that the parent has for the child and incorporating these into the child's plan is important in the implementation of effective home-based early education. The main goal of home education may be to assist families in gaining control and independence.

The Division for Early Childhood of the Council for Exceptional Children has issued the following recommended practices for home-based programs.

DEC Recommended Practices for Home-based Programs

- Staff base the nature, delivery and scope of intervention upon activities of daily living (e.g., bathing, feeding, play, bedtime, etc.)

- Early education includes all family members (as defined by the family) who wish to be involved.

- The level of intensity and range of services match the level of need identified by the family.

- Staff base their communication with family members upon principles of mutual respect, caring and sensitivity.

Center-based programs provide young children with disabilities individualized educational experiences within a group setting to promote attainment of their unique potential. Center-based instruction typically provides for peer involvement, peer models, socialization activities, support services and increased instructional time per week.

The Division for Early Childhood of the Council for Exceptional Children has identified the following recommended practices for center-based programs serving young children with disabilities.

DEC Recommended Practices for Center-Based Programs

- Environments are safe and clean.

- The setting is physically accessible to families (i.e. within a short distance to allow for regular contact).

- Services ensure an unbiased, nondiscriminatory curriculum around issues of disability, sex, race, religion, and ethnic/cultural origin.

- The ratio of adult staff to children maximizes safety, health, and promotion of identified goals.
- Programs employ pull-out services (e.g. for OT, PT, Speech) only when routine, activity-based options for services have failed to meet identified needs.

- Environments are barrier free.

- Environments include an adequate quantity and variety of toys and materials suitable for ages and needs of children enrolled.

- Environments are fun; they stimulate children's initiations, choices, and engagement with the social and material ecology.

- Staff arrange environments to promote high levels of engagement for children with diverse disabilities.

Combining center-based services with regularly scheduled home visits is a highly recommended model of service. Combination programming may be appropriate for a child who is in a transition period, has health issues, or has parents who need assistance in acquiring skills to support development in the home environment.

Effective Administration: Personnel; Interagency Collaboration

Well-qualified personnel are the single most important ingredients in providing quality ECSE programs. Personnel include administrative, instructional, consultative, and support staff. The specific composition of personnel may vary depending upon the focus of the local program and the specific needs of individual children. This variety of personnel must work cooperatively as a team to meet the needs of young children with disabilities and their families. Each person on the team

brings expertise in their specific area and together they strive to implement the best total program for the young child with disabilities.

All staff members need to meet appropriate licensure requirements. In addition, quality staff members will possess certain core knowledge. The following assumptions reflect the underlying beliefs of effective early education and early intervention for young children:

- The uniqueness of early childhood as a developmental phase;
- The significance of families in early childhood development and early education and intervention;
- The role of developmentally and individually appropriate practice;
- The preference for service delivery in inclusive settings;
- The importance of culturally competent professional actions; and
- The importance of collaborative interpersonal and interprofessional actions.

Attributes for Early Childhood Special Education personnel include:

- Thorough knowledge of both early childhood and early childhood special education and the characteristics of this unique period of development.
- Prerequisite requirements such as licensure, training, and experience in the area(s) of specialty.
- Training and experience that is compatible with the program model and philosophy.
- Commitment and experience in developing and implementing parent involvement programs.
- Skill in program planning for the total child and in individualizing curricula.
- Skill in managing the learning environment.
- Ability to function as a team member.
- Indicators of flexibility, enthusiasm, and the ability to handle stressful situations.
- Good communication skills.
- Compatible traits with existing staff members in terms of personality and work style.
- Strong professional values and ethics. (Adapted from Iowa Early Childhood Special Education Handbook, 1997).

Early childhood has been deemed a unique period of development that requires educators to be thoroughly grounded in developmental theory. Early childhood educators must possess teaching strategies to create environments that are supportive of children's development and lead to positive educational experiences for young children and their families.
Young children with disabilities and their families often require a variety of services from multiple agencies.

Physicians, public health nurses, community-based early care and education providers, and social workers often play a key role in providing services that are necessary to meet the needs of young children with disabilities.

Collaboration provides an effective management system for addressing the complex needs of young children with disabilities and their families. Interagency collaboration also minimizes the risk that children and their families will experience inefficient services or become lost in the confusing maze of services and agencies. The following three elements define the process of collaboration.

- Identification of and agreement upon joint goals and objectives;
- Shared responsibility and resources for obtaining these goals; and
- Creation of a formal structure to support the work of collaboration.

Early childhood special education professionals can contribute to improving interagency collaboration in their own communities by:

- Familiarizing community agencies and groups with the ECSE services available and informing them of the referral and eligibility process;
- Becoming familiar with services available from other public and private agencies and learning how to access them;
- Making appropriate referrals to other agencies and responding to incoming referrals and requests for information;
- Making local community based early childhood centers preferred placement options for young children with disabilities;
- Including other service providers as part of the child's planning team;
- Providing joint training opportunities for ECSE staff and community providers;
- Developing coordinated transition procedures as children move from one program to another;
- Coordinating services through informal and formal agreements; and
- Developing local interagency early childhood advisory boards.

IDEA 97 clearly supports the mandate for coordination of services. Ongoing communication with other agencies is needed to develop public awareness of early education services, establish a referral network, coordinate services, and provide services in the appropriate least restrictive environment. Educators and related service personnel should maintain open, collaborative relationships with human service agencies, the medical community, local early childhood care providers, and any other agencies working with young children. Ongoing discussion and exchange of information will facilitate

continuity in the services that each agency provides to families. Effective collaboration can ensure that children entitled to early childhood special education receive the services that are necessary to meet their needs.

Summary

Through a local self-assessment process, ECSE programs will identify areas that can be improved, collect data for decision making, and set goals. A local self-assessment, as part of the total program evaluation, is intended to be internal/self-improvement oriented rather than external or judgmental oriented. The review procedures described here and included in the Appendix have been adapted from the Iowa Department of Education. It is assumed that the primary audience for the program evaluation will be the administrators and personnel from the special education unit with the outcome goal as one of local program improvement. Information gathered will provide guidance for those wishing to move toward comprehensive quality services by providing quality components of early childhood special education programs and services.

The format suggested for the program evaluation includes a set of interview/ survey questions for a variety of participants. Specific instructions for completing the evaluation forms are included in the Appendix.

The program evaluation team may be composed of any number of people. It is suggested that members may include some of the following, with one team member designated as the coordinator:

- A school board member,
- A school administrator,
- One or more parents,
- An early childhood special education service provider,
- A representative from early childhood special education training programs,
- A related service provider, or
- A parent organization or advocacy representative.

After gathering information from the sources noted above, the team members should prepare a summary which includes strengths and concerns organized according to the six major areas. The summary should lead to specific recommendations for program improvement planning.

As discussed at the beginning of this chapter, early childhood special education programs must be an integral part of the local monitoring process, whether it is at the direction of the state department, or if they are included in a continuous internal monitoring system. An accurate self-assessment and careful analysis of the strengths and weaknesses of the overall program will lead to identification of areas to be improved and collaborative development of goals for program improvement.

APPENDIX

Forms, which may be used to engage in a local ECSE self-assessment process, are included in this Appendix. The suggested process includes a set of interview/survey questions for a variety of participants. Local teams participating in the self-assessment process are encouraged to develop a plan that will meet the needs of their unit and/or ECSE programs. Any of the forms included may be used independently or as a complete package. In addition, local teams may wish to adapt the included forms or develop their own.

PE-A Instructions: Survey of Preschool Staff Perceptions of Special Education Unit and Support Services

Members of the local special education staff and/or related services personnel may complete this form. The local self-assessment team will want to review input for areas of strength and areas of concerns that can become a part of program improvement planning.

PE-B Instructions: Survey of Building Principal's Perceptions of Early Childhood Special Education and Support Services

Local general education principals and/or administrators may complete this form.

PE-C Instructions: Survey of General Education Teacher's Perceptions of Early Childhood General Education

Local general education teachers who are currently working with special needs children in their programs may complete this form.

PE-D Instructions: Survey of Parent's Perceptions of Early Childhood Special Education

The *Survey of Parent's Perceptions of Early Childhood Special Education* includes a set of questions that may be used for individual interviews or as a mail survey which parents complete and return. If this survey is used as a mail survey, a cover letter should be developed to explain the purpose of this activity and how the input will be used.

Other surveys included in the Appendix are in a format that would allow independent completion by specified professionals. For this activity, a cover Memo should also be attached to explain the purpose of the survey and how the input will be used.

APPENDIX PE-A

SURVEY OF PRESCHOOL STAFF PERCEPTIONS OF SPECIAL EDUCATION UNIT AND SUPPORT SERVICES

Position/Title:_____

Directions: Please complete this survey to the best of your knowledge. Your comments and concerns related to each section are very important and will be appreciated and considered.

Circle the number of the response that most closely reflects your perception of service indicated. 1 – not adequate; 2 – occasionally adequate; 3 – adequate; 4 – good; and dk don't know. Please circle dk if you have no knowledge of the services identified. Comment sections are provided. Feel free to expand on these sections at the end of the survey.

PROGRAM ADMINISTRATIVE SERVICES:

1.	Personnel evaluations are carried out on schedule in accordance with guidelines.	1	2	3	4	dk
2.	The evaluator provides constructive feedback.	1	2	3	4	dk
3.	Administrative support is provided in matters of program resources.	1	2	3	4	dk
4.	Communications with the program administration are frequent.	1	2	3	4	dk
5.	Written program guidelines are clear and explicit.	1	2	3	4	dk
6.	Sufficient opportunities are provided to give input regarding program policies and directions.	1	2	3	4	dk
7.	The program administration is sensitive to inservice needs of professional staff.	1	2	3	4	dk
8.	Staff have input into determining inservice training provided.	1	2	3	4	dk
9.	Administrators deal directly with parents when problems occur.	1	2	3	4	dk
10.	Administrators provide information on the budget.	1	2	3	4	dk
11.	Administrators treat me like a professional.	1	2	3	4	dk
12.	Program administrator makes time on communication.	1	2	3	4	dk

13.	The program administration deals with problems expeditiously.	1	2	3	4	dk
14.	Communications from the program administration are positive.	1	2	3	4	dk
15.	Program administrators treat instructional staff fairly equitably.	1	2	3	4	dk
16.	The program administration has articulated long range goals.	1	2	3	4	dk
17.	The program administration demonstrates a positive regard for all preschool age students with disabilities.	1	2	3	4	dk
18.	The program administration assures that appropriate services are provided to all types of preschool children with disabilities.	1	2	3	4	dk

Comments/Concerns:

_____

_____

_____

_____

SOCIAL WORK SERVICES (If Applicable):

1.	The social worker consults with teachers regarding community services for children.	1	2	3	4	dk
2.	The social worker consults with parents regarding use of community services.	1	2	3	4	dk
3.	The social worker serves as a liaison with community agencies.	1	2	3	4	dk
4.	The social worker provides assistance to families.	1	2	3	4	dk
5.	The social worker prepares social histories on students.	1	2	3	4	dk
6.	The social worker attends and participates in staffings.	1	2	3	4	dk
7.	The social worker consults individually with parents.	1	2	3	4	dk

8.	The social worker provides group consultation for parents.	1	2	3	4	dk
9.	The social worker links parents of disabled children with other parents.	1	2	3	4	dk
10.	The social worker demonstrates a positive regard for all preschool children with disabilities.	1	2	3	4	dk
11.	The social worker provides meaningful service to all types of families.	1	2	3	4	dk

Comments/Concerns:_____
_____
_____
_____

PSYCHOLOGICAL SERVICES (If Applicable):

1.	Psychologists conduct individual student evaluation.	1	2	3	4	dk
2.	Psychologists observe students in natural settings.	1	2	3	4	dk
3.	Psychologists consult with teachers regarding management of behavior problems.	1	2	3	4	dk
4.	Psychologists consult with parents regarding management of behavior problems.	1	2	3	4	dk
5.	Psychologists consult with teachers regarding instructional and learning strategies for individual students.	1	2	3	4	dk
6.	Psychologists attend and participate in staffings.	1	2	3	4	dk
7.	Psychologists use more than one procedure or test to evaluate students.	1	2	3	4	dk
8.	Psychologists prepare psychological reports on a timely basis.	1	2	3	4	dk
9.	Suggestions for managing behavior have practical application.	1	2	3	4	dk
10.	Psychologists demonstrate a positive regard for all preschool children with disabilities.	1	2	3	4	dk

11.	Psychologists provide meaningful assessments and suggestions for all types of disabled children.	1	2	3	4	dk
12.	Psychologists have knowledge of working with young children.	1	2	3	4	dk

Comments/Concerns:_____
_____
_____
_____

CLINICAL SPEECH SERVICES:

1.	Speech clinicians formally evaluate and diagnose students' speech and language problems.	1	2	3	4	dk
2.	Clinicians prepare speech & language reports.	1	2	3	4	dk
3.	Clinicians provide teachers with information related to speech and language concerns.	1	2	3	4	dk
4.	Clinicians work directly with students to determine most effective remediation techniques.	1	2	3	4	dk
5.	Clinicians demonstrate procedures for effective language instruction.	1	2	3	4	dk
6.	Clinicians assist teachers with development of IEP goals and objectives related to language development.	1	2	3	4	dk
7.	Clinicians provide assistance to students in need of alternative communication systems.	1	2	3	4	dk
8.	Clinicians provide suggestions to teachers for improving speech and language of individual students.	1	2	3	4	dk
9.	Clinicians identify and locate materials which assist teachers in teaching language.	1	2	3	4	dk
10.	Clinicians attend and participate in staffing.	1	2	3	4	dk
11.	Clinicians attend and participate in meetings with parents related to student progress and development.	1	2	3	4	dk

12.	Clinicians demonstrate a positive regard toward all preschool children with disabilities.	1	2	3	4	dk
13.	Clinicians are able to provide assistance for all types of children with disabilities.	1	2	3	4	dk
14.	Suggestions to instructional staff have practical application.	1	2	3	4	dk
15.	Clinicians provide integrated services where appropriate.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

THERAPY SERVICES (OT, PT):

1.	Therapists formally evaluate and diagnose student's motor problems.	1	2	3	4	dk
2.	Therapists prepare reports regarding motor functions.	1	2	3	4	dk
3.	Therapists provide parents with information related to motor concerns.	1	2	3	4	dk
4.	Therapists assist teachers with the development of shared goals and objectives reflecting the student's educational needs within the context of the daily routine.	1	2	3	4	dk
5.	Therapists provide suggestions to teachers for improving motor patterns of individual students.	1	2	3	4	dk
6.	Therapists attend and participate in staffings.	1	2	3	4	dk
7.	Therapists demonstrate a positive regard toward all preschool children with disabilities.	1	2	3	4	dk

Comments/Concerns: (Specify which therapy)_____

_____

_____

_____

GENERAL PROGRAM FEATURES:

1.	Activities of the Early Childhood Special Education Program are sufficiently coordinated.	1	2	3	4	dk
2.	Actions of the support team are carried out efficiently.	1	2	3	4	dk
3.	Parent services and contacts are effective.	1	2	3	4	dk
4.	The general attitude of the program staff is positive toward the learning potential of all children.	1	2	3	4	dk

Comments/Concerns: _____

OPEN ENDED QUESTIONS:

1. In my opinion, what this program does best is _____
2. In my opinion, what this program does worst is _____
3. What this program needs most is _____
4. This program needs to do more _____
5. This program should keep on doing _____
6. This program should keep on doing _____
7. This program should stop doing _____

8. How do you view your role?_____

_____

_____

9. What changes if any would you suggest_____

_____

_____

APPENDIX PE-B

SURVEY OF BUILDING PRINCIPAL'S PERCEPTIONS OF EARLY CHILDHOOD SPECIAL EDUCATION AND SUPPORT SERVICES

Directions: Please complete this survey to the best of your knowledge. Your comments and concerns related to each section are very important and will be appreciated and considered.

Circle the number of the response that most closely reflects your perception of the service indicated. 1-not adequate; 2-occassionally adequate; 3-adequate; 4-good; dk-don't know. Please circle dk if you have no knowledge of the services identified. Comment sections are provided. Feel free to expand on these sections at the end of the survey.

SPECIAL EDUCATION UNIT SERVICES:

1.	Administrative support is provided in matters of program resources.	1	2	3	4	dk
2.	Communications with the unit administration are frequent.	1	2	3	4	dk
3.	Written program guidelines are clear and explicit.	1	2	3	4	dk
4.	The unit administration is sensitive to inservice needs of professional staff.	1	2	3	4	dk
5.	The unit administration deals with problems expeditiously.	1	2	3	4	dk
6.	The unit administration demonstrates a positive regard for all preschool age students with disabilities.	1	2	3	4	dk
7.	The unit administration assures that appropriate services are provided to all types of preschool children with disabilities.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

EARLY CHILDHOOD SPECIAL EDUCATION STAFF SERVICES:

1.	Staff provides guidance related to program procedures and guidelines.	1	2	3	4	dk
2.	Staff keeps principal informed of his/her activities in building.	1	2	3	4	dk

3.	Staff provides assistance in locating instructional materials.	1	2	3	4	dk
4.	Staff is aware of state-of-the-art instructional practices.	1	2	3	4	dk
5.	Staff provides guidance and assistance in using the program's curriculum.	1	2	3	4	dk
6.	Staff attends and participates in staffings.	1	2	3	4	dk
7.	Staff observes students as part of the evaluation process.	1	2	3	4	dk
8.	Staff transmits communication from unit administration.	1	2	3	4	dk
9.	Staff provides information on resources that teachers can use.	1	2	3	4	dk
10.	Staff links teachers and other professional with other professionals working in similar areas.	1	2	3	4	dk
11.	Staff conducts meetings for general education.	1	2	3	4	dk
12.	Staff maintains positive personal interactions with general education staff.	1	2	3	4	dk
13.	Staff assists with long range planning.	1	2	3	4	dk
14.	Staff helps set goals for students and classroom.	1	2	3	4	dk
15.	Staff involves community and parents.	1	2	3	4	dk
16.	Staff demonstrates a positive regard for all preschool children with disabilities.	1	2	3	4	dk
17.	Staff provides meaningful suggestions for all types of children with disabilities.	1	2	3	4	dk
18.	Staff works cooperatively with building staff.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

SOCIAL WORK SERVICES (If Applicable):

1.	The social worker consults with teachers regarding community services for children.	1	2	3	4	dk
2.	The social worker consults with parents regarding use of community services.	1	2	3	4	dk
3.	The social worker links parents with community resources.	1	2	3	4	dk
4.	The social worker serves as a liaison with community agencies.	1	2	3	4	dk
5.	The social worker provides assistance to families.	1	2	3	4	dk
6.	The social worker prepares social histories on students.	1	2	3	4	dk
7.	The social worker attends and participates in staffing.	1	2	3	4	dk
8.	The social worker consults individually with parents.	1	2	3	4	dk
9.	The social worker provides group consultation for parents.	1	2	3	4	dk
10.	The social worker links parents of disabled children with other parents.	1	2	3	4	dk
11.	The social worker consults with teachers regarding classroom concerns e.g., behavior problems.	1	2	3	4	dk
12.	The social worker demonstrates a positive regard for all preschool children with disabilities.	1	2	3	4	dk
13.	The social worker provides meaningful service to all types of families.	1	2	3	4	dk
14.	The social worker works cooperatively with building staff.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

PSYCHOLOGICAL SERVICES (If Applicable):

1.	Psychologists conduct individual student evaluation.	1	2	3	4	dk
2.	Psychologists observe student in classrooms and other natural settings.	1	2	3	4	dk
3.	Psychologists consult with teachers regarding management of behavior problems.	1	2	3	4	dk
4.	Psychologists consult with parents regarding management of behavior problems.	1	2	3	4	dk
5.	Psychologists consult with teachers regarding instructional and learning strategies for individual students.	1	2	3	4	dk
6.	Psychologists attend and participate in staffing.	1	2	3	4	dk
7.	Psychologists use more than one procedure or tests to evaluate students.	1	2	3	4	dk
8.	Psychologists prepare psychological reports on a timely basis.	1	2	3	4	dk
9.	Suggestions for managing behavior have practical classroom application.	1	2	3	4	dk
10.	Psychologists demonstrate a positive regard for all preschool children with disabilities.	1	2	3	4	dk
11.	Psychologists provide meaningful assessment and suggestions for all types of disabled children.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

CLINICAL SPEECH SERVICES:

1.	Speech clinicians formally evaluate and diagnose students' speech and language problems.	1	2	3	4	dk
2.	Clinicians prepare speech & language reports.	1	2	3	4	dk
3.	Clinicians provided teachers with information related to speech and language concerns.	1	2	3	4	dk

4.	Clinicians work directly with students to determine most effective remediation techniques.	1	2	3	4	dk
5.	Clinicians demonstrate procedures for effective language instructions.	1	2	3	4	dk
6.	Clinicians assist teachers with development of IEP goals and objectives related to language development.	1	2	3	4	dk
7.	Clinicians consult with teachers to provide assistance with group language instruction.	1	2	3	4	dk
8.	Clinicians provide assistance to students in need of alternative communication systems.	1	2	3	4	dk
9.	Clinicians provide suggestions to teachers for improving speech and language of individual students.	1	2	3	4	dk
10.	Clinicians identify and locate materials which assist teachers in teaching language.	1	2	3	4	dk
11.	Clinicians attend and participate in staffing.	1	2	3	4	dk
12.	Clinicians attend and participate in meetings with parents related to student progress and development.	1	2	3	4	dk
13.	Clinicians demonstrate a positive regard toward all preschool children with disabilities.	1	2	3	4	dk
14.	Clinicians are able to provide assistance for all types of children with disabilities.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

THERAPY SERVICES (OT, PT):

1.	Therapists formally evaluate and diagnose student's motor problems.	1	2	3	4	dk
2.	Therapists prepare reports regarding motor functioning.	1	2	3	4	dk

3.	Therapists provide parents with information related to motor concerns.	1	2	3	4	dk
4.	Therapists assist teachers with the development of shared goals and objectives reflecting the students educational needs within the context of the daily routine.	1	2	3	4	dk
5.	Therapists provide suggestions to teachers for improving motor patterns of individual students.	1	2	3	4	dk
6.	Therapists attend and participate in staffings.	1	2	3	4	dk
7.	Therapists demonstrate a positive regard toward all preschool children with disabilities.	1	2	3	4	dk

Comments/Concerns: (Specify which therapy) _____

_____

_____

_____

GENERAL PROGRAM FEATURES:

1.	Activities of the Early Childhood Special Education Program are sufficiently coordinated.	1	2	3	4	dk
2.	Actions of the support team are carried out efficiently.	1	2	3	4	dk
3.	Student transportation is efficient and timely.	1	2	3	4	dk
4.	Parent services and contact are effective.	1	2	3	4	dk
5.	The general attitude of the program staff is positive toward the learning potential of all children.	1	2	3	4	dk

Comments/Concerns: _____

_____

_____

_____

OPEN ENDED QUESTIONS:

1. In my opinion, what this service does best is _____

_____

_____

2. In my opinion, what this service does worst is _____
_____
_____

3. What this service needs most is _____
_____
_____

4. This service needs to do more _____
_____
_____

5. This service needs to do less _____
_____
_____

6. This service should keep on doing _____
_____
_____

7. This service should stop doing _____
_____
_____

APPENDIX PE-C

SURVEY OF GENERAL EDUCATION TEACHER'S PERCEPTIONS OF EARLY CHILDHOD SPECIAL EDUCATION

Directions: Please complete this survey to the best of your knowledge. Your comments and concerns related to each section are very important and will be appreciated and considered.

Circle the number of the response that most closely reflects your perception of the service indicated. 1-not adequate; 2-occassionally adequate; 3-adequate; 4-good; and dk-don't know. Please circle dk if you have no knowledge of the services identified. Comment sections are provided. Feel free to expand on these sections at the end of the survey.

EARLY CHILDHOOD SPECIAL EDUCATION STAFF SERVICES:

1.	Staff provides guidance related to program procedures and guidelines.	1	2	3	4	dk
2.	Staff provides constructive feedback regarding instructional procedures.	1	2	3	4	dk
3.	Staff provides assistance in locating instructional materials.	1	2	3	4	dk
4.	Staff is aware of state-of-the-art instructional practices.	1	2	3	4	dk
5.	Staff provides guidance and assistance in using the program's curriculum.	1	2	3	4	dk
6.	Staff attends and participates in staffings.	1	2	3	4	dk
7.	Staff observes students as part of the evaluation process.	1	2	3	4	dk
8.	Staff transmits communications from district administration.	1	2	3	4	dk
9.	Staff provides inservice training.	1	2	3	4	dk
10.	Staff provides information on resources that teachers can use.	1	2	3	4	dk
11.	Staff links teachers and other professionals with other professionals working in similar areas.	1	2	3	4	dk
12.	Staff conducts meetings for general education staff.	1	2	3	4	dk
13.	Staff maintains positive personal interactions with general education staff.	1	2	3	4	dk
14.	Staff assists with long range planning.	1	2	3	4	dk

15.	Staff helps set goals for students and classroom.	1	2	3	4	dk
16.	Staff involves community and parents.	1	2	3	4	dk
17.	Staff demonstrates a positive regard for all preschool children with disabilities.	1	2	3	4	dk
18.	Staff provides meaningful suggestions for all types of children with disabilities.	1	2	3	4	dk
19.	Suggestions to general education staff have practical classroom application.	1	2	3	4	dk
20.	Staff assists in the development of the IEP.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

SOCIAL WORK SERVICES (If Applicable):

1.	The social worker consults with teachers regarding community services for children.	1	2	3	4	dk
2.	The social worker consults with parents regarding use of community services.	1	2	3	4	dk
3.	The social worker links parents with community resources.	1	2	3	4	dk
4.	The social worker serves as a liaison with community agencies.	1	2	3	4	dk
5.	The social worker provides assistance to families.	1	2	3	4	dk
6.	The social worker prepares social histories on students.	1	2	3	4	dk
7.	The social worker attends and participates in staffings.	1	2	3	4	dk
8.	The social worker consults individually with parents.	1	2	3	4	dk
9.	The social worker provides group consultation for parents.	1	2	3	4	dk
10.	The social worker links parents of disabled children with other parents.	1	2	3	4	dk
11.	The social worker consults with teachers regarding classroom concerns (e.g. behavior problems).	1	2	3	4	dk

12.	The social worker demonstrates a positive regard for all preschool children with disabilities.	1	2	3	4	dk
13.	The social worker provides meaningful service to all types of families.	1	2	3	4	dk

14. What do you wish your social worker would do more of?_____
_____
_____

Comments/Concerns:_____
_____
_____
_____

PSYCHOLOGICAL SERVICES (If Applicable):

1.	Psychologists conduct individual student assessment.	1	2	3	4	dk
2.	Psychologists observe students in classrooms and other natural settings.	1	2	3	4	dk
3.	Psychologists consult with teachers regarding management of behavior problems.	1	2	3	4	dk
4.	Psychologists consult with parents regarding management of behavior problems.	1	2	3	4	dk
5.	Psychologists consult with teachers regarding instructional and learning strategies for individual students.	1	2	3	4	dk
6.	Psychologists attend and participate in staffings.	1	2	3	4	dk
7.	Psychologists use more than one procedure to test or evaluate.	1	2	3	4	dk
8.	Psychologists prepare psychological reports on a timely basis.	1	2	3	4	dk
9.	Suggestions for managing behavior have practical classroom application.	1	2	3	4	dk
10.	Psychologists demonstrate a positive regard for all preschool children with disabilities.	1	2	3	4	dk
11.	Psychologists provide meaningful assessments and suggestions for all types of disabled children.	1	2	3	4	dk
12.	Psychologists have knowledge of working with young children.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

CLINICAL SPEECH SERVICES:

1.	Speech clinicians formally evaluate and diagnose students' speech and language problems.	1	2	3	4	dk
2.	Clinicians prepare speech and language reports.	1	2	3	4	dk
3.	Clinicians provide teachers with information related to speech and language concerns.	1	2	3	4	dk
4.	Clinicians work directly with students to determine most effective remediation techniques.	1	2	3	4	dk
5.	Clinicians demonstrate procedures for effective language instruction.	1	2	3	4	dk
6.	Clinicians assist teachers with development of IEP goals and objectives related to language development.	1	2	3	4	dk
7.	Clinicians consult with teachers to provide assistance with group language instruction.	1	2	3	4	dk
8.	Clinicians provide assistance to students in need of alternative communication systems.	1	2	3	4	dk
9.	Clinicians provide suggestions to teachers for improving speech and language of individual students.	1	2	3	4	dk
10.	Clinicians identify and locate materials which assist teachers in teaching language.	1	2	3	4	dk
11.	Clinicians attend and participate in staffings.	1	2	3	4	dk
12.	Clinicians attend and participate in meetings with parents related to student progress and development.	1	2	3	4	dk
13.	Clinicians demonstrate a positive regard toward all preschool children with disabilities.	1	2	3	4	dk
14.	Clinicians are able to provide assistance for all types of children and disabilities.	1	2	3	4	dk
15.	Suggestions to instructional staff have practical classroom application.	1	2	3	4	dk

Comments/Concerns:_____

_____

_____

_____

THERAPY SERVICES (OT, PT):

1.	Therapists formally evaluate and diagnose student's motor problems.	1	2	3	4	dk
2.	Therapists prepare reports regarding motor functioning.	1	2	3	4	dk
3.	Therapists provide parents with information related to motor concerns.	1	2	3	4	dk
4.	Therapists assist teachers with the development of shared goals and objectives reflecting the student's educational needs within the context of the daily routine.	1	2	3	4	dk
5.	Therapists provide suggestions to teachers for improving motor patterns of individual students.	1	2	3	4	dk
6.	Therapists attend and participate in staffings.	1	2	3	4	dk
7.	Therapists demonstrate a positive regard toward all preschool children with disabilities.	1	2	3	4	dk

Comments/Concerns: (Specify which therapy)_____

_____

_____

_____

GENERAL PROGRAM FEATURES:

1.	Activities of the Early Childhood Special Education Program are sufficiently coordinated.	1	2	3	4	dk
2.	Actions of the support service providers are carried out efficiently.	1	2	3	4	dk
3.	Student transportation is efficient and timely.	1	2	3	4	dk
4.	Parent services and contacts are effective.	1	2	3	4	dk
5.	The general attitude of the program staff is positive toward the learning potential of all children.	1	2	3	4	dk

Comments/Concerns _____

OPEN ENDED QUESTIONS:

1. In my opinion, what this service does best is _____

2. In my opinion, what this services does worst is _____

3. What this services needs most is _____

4. This service needs to do more _____

5. This service needs to do less _____

6. This service should keep on doing _____

7. This service should stop doing _____

APPENDIX PE-D

SURVEY OF PARENT'S PERCEPTIONS OF EARLY CHILDHOOD SPECIAL EDUCATION

1. How did you learn of your child's need for special help?

2. How old was your child when she/he first began receiving service (i.e., special education, physical therapy, occupational therapy, and speech therapy).

   _____years _____months

3. How did you find out about services available to your child and family? (Check all that apply.)

   ____ Community agency (i.e., public health nurse, human services, social workers, WIC).
   ____ Families of other children with special needs.
   ____ Family or friends.
   ____ Pamphlets/brochures.
   ____ Physicians, nurses, other medical personnel.
   ____ School district (i.e., screening).
   ____ Service provider (i.e., teacher, preschool teacher, daycare provider, babysitter, or therapist).
   ____ Television, radio, newspaper, magazine.
   ____ Other_____

ASSESSMENT OF SERVICES:

4. How do you feel about your participation in meetings or staffings? (CHECK ONE RESPONSE PER STATEMENT.)

	Always	Most of the time	Sometimes	Seldom	Never
I feel comfortable asking questions.	_____	_____	_____	_____	_____
I feel confused and/or frustrated after the meeting.	_____	_____	_____	_____	_____
I feel I have a role in making decisions about my child's program.	_____	_____	_____	_____	_____

	Always	Most of the time	Sometimes	Seldom	Never
I feel professionals listen to me.	____	____	____	____	____
I feel professionals are understanding of my feelings.	____	____	____	____	____
I feel that I have adequate time during meetings to talk and communicate my feelings and thoughts.	____	____	____	____	____
I feel I can be open and honest about services I want for my child.	____	____	____	____	____
I feel the information was communicated in language I could understand.	____	____	____	____	____
I feel information about my child is treated in a confidential manner.	____	____	____	____	____
I feel meetings regarding my child are conducted in a professional manner.	____	____	____	____	____
I feel professionals give me ideas for activities I can do with my child.	____	____	____	____	____

5. ____ I do not have concerns about my child's educational program.

   ____ I have concerns about my child's educational program.

6. What prevents you from "Changing the system"? (CHECK ALL THAT APPLY.)

   ____ Being labeled a "troublemaker"
   ____ Lack of information
   ____ Lack of self-confidence
   ____ Lack of time
   ____ Not understanding how the system works
   ____ Prior frustration when you've tried to change something
   ____ Concerns about consequences to my child in school
   ____ OTHER_____
   ____ OTHER_____

7. Indicate your satisfaction with the opportunities for you to be involved in your child's services within education, health and social services. (CHECK ONE PER AREA.)

	Very Satisfied	**Satisfied**	**Neutral**	**Dissatisfied**	**Very Dissatisfied**
Education	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Social Services	_____	_____	_____	_____	_____

8. What two things would make it easier for you to participate in school or special education unit activities for parents? (CHECK TWO.)

_____ Sufficient communication regarding meetings
_____ Child care provided
_____ Daytime activities or meetings
_____ Evening activities or meetings
_____ Knowing you are needed or welcome
_____ More information on parent rights
_____ Support from other parents
_____ OTHER_____
_____ OTHER_____